PATENT APPLICATION FEBLIAST BRIMINATION RECORD Substitute for Form PTO-876						Application or Docket Humber		
						65/630425		
APF	LICATION AS FILED	-PARTI	_		-			
	(Column 1)	(Column 2)	AM3	LL ENTITY	OR ·	OTH	RTHAN	•
FOR	. NUMBER FILED	NUMBER			<del></del> 1	5 MAL	L ENTITY	į
FEE 1.16(a), (b), or (c))		HUMBER EXTRA	PATE (	FEE (	n 1	RATE (\$)		$\neg \neg$
XI FEF	<u> </u>		11	7		WiEli	FEE(I	$\Box$
1.10(k), (i), or (m))			7	<del>- </del>				· 1
NATION FEE			-		.]			7
1.16(0), (p), or (q)) CLAIMS	<del> </del>	<del></del>	11				<del></del>	_
1.16(1))	-minus 20 =	• 1	7				1	
NDENT GLAIMS			- X		OR	χ٠ ٠		$\dashv$
1.10(10)	Minus =	•	x		F-1	<del>, , , , , , , , , , , , , , , , , , , </del>		
ATION SIZE	If the spediloation and o	rawings exceed 100	1	<del>-</del>	-	X =	1.	
1.16(+))	16 \$250 (\$125 for small	montion fize the due	11.	1	1 1	•		$\dashv$
	sheets of paper, the apple 15 \$250 (\$125 for small de additional 60 sheets or 6 35 U.S.O. 416 (\$16) apple 15 U.S.O. 416 (\$	action thereof. See	11	1	1 1	•.		1
	The Court of the C	W 37 UTK 1,16(g).	11.	1	1 1			1
E DEPENDENT O	AIM PRESENT (37 OFR 1.16	(0))	1.	<del> </del>	1 1			_j.
	le less than zero, enter "O" to		l	ļ	J** - 1:			7
			TOTAL		1		-	4.
APPLICATI	ON A8 AMÉNDED - F	ARTII		<del></del>	J.	TOTAL		J
								7
. (Oplu	mn () (Ooli	imn 2) (Column 3)	21444 -	Tå amataur	OR	OTHER 1	LUVII	ŀ
	TINING HIGH	EST	SMALLE	HTITY	. UK	SWALL E	HAN VIIIY	· ·
l AF	TER PREVIO	UBLY FXTRA	RATE (\$)	ADDI-	l [			i
otal 4	PAID PAID	FOR	1 1	TIONAL		RATE (\$)	ADDI- TIONAL	
R 1.460)	7 · Minus · 20	) "	. 05	FEE (\$)			FEE (6)	
Inden! 2	Minus 144 2		× 25 =		OR X,	50 =		
allon Biza Fee (97	OFR 1.16(±))		×/00 =			140	<del></del>	•
a New York Control of the Control of		# 1986 FEET			~   ~~	100 · =		• •
MEDERIK JIUN OF	MULTIPLE DEPENDENT CLAIM	(37 OFR 1.16(I)) -	180	*******************************	وجنا المنا	60	- X 2.4. 12. 12. 14.	
. • •	•		TOTAL					
4- 1			ADD'L FEE		OR ADI	TAL D'L FEE		
(Oolumi CLAIA	COUL	n 2) · . (Column's)	; · · · · · · · · · · · · · · · · · · ·		. ODI	Ar Lee Frie	-(	•
REMAIN	ING HIGHER	37	· · · · · · · · · · · · · · · · · · ·		<b></b>		f	
AFTE AMENDM	PREVIOU	SLY EXTRA	RATE (\$)	ADDI-	R.	ATE (\$)	ADDI-	•
4	ENT PAID FO	R		FEE (\$)	ł	· / T	10NAL	•
15(I))			X =	1	<del> </del>	<del></del>	EE (8)	
eur ,	Minus ***	=	<del></del>	·	OR X			
in Size Fee (37 Of		<del></del>	X, =		OR X	_		٠.
ESENTATION OF MU	LTIPLE DEPENDENT CLAIM (3	× 6 ==						
-		1 OFR (.18(1)).		1.	OR .			
	•		TOTAL :					٠
/ in column 1 is is	e than the anterior		ADD'L FEE	Ó	R TOTA ADD'L		4.	•
iest Kumber Previ	than the entry in column 2, pusiy Paid For" IN THIS SPA	write "0" in column 9.	L	——————————————————————————————————————	Unn	ree l		•
SI Niimhar Dravias		" is less than a, anter "a	4		•			
w/armalla la	Trotal of much	mubill 18 the highest nur	nhac formed to as	bropdete L	de 2 t	• •		
) an applicationC	iny Paid For [Total or Indep. fred by 37 CFR 1.16. The Ir onlidentiality is governed by bmilling the completed appli ampleted of store and completed appli	normalion is required to	oblain or relain a l	sepelil po the	m column 1.	h le le file for		:
CA 1/ C Danad					the Individua	al case. Any con	mmente	
e, o.s. Departme	oner for Palents, P.O. Box 1	50 Mayer						

lf you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.